

BUREAU OF AUTOMOTIVE REPAIR
DEPARTMENT OF CONSUMER AFFAIRS
400 R STREET, SUITE 2000
SACRAMENTO, CA 95814
ATTN: CASHIERING SERVICES
(916) 322-7002

Order Request

SHOP NAME

STREET ADDRESS (United Parcel Service does not deliver to post office boxes.)

CITY

STATE

ZIP

ARD LICENSE NUMBER

(AREA CODE) PHONE NUMBER

SMOG CHECK CERTIFICATES

(50 Certification Numbers) 90-2

Certificates must be ordered by BAR unit

| BAR TAS or EIS # | QUANTITY | PRICE EACH | TOTAL |
|---|----------|------------|-------|
| BAR-90 or BAR-97 UNIT #1 | | \$412.50 | |
| BAR-90 or BAR-97 UNIT #2 | | 412.50 | |
| BAR-90 or BAR-97 UNIT #3 | | 412.50 | |
| LAMP ADJUSTMENT CERTIFICATE (BOOK OF 50) L-91 | | 175.00 | |
| BRAKE ADJUSTMENT CERTIFICATE (BOOK OF 50) B-91 | | 175.00 | |
| SMOG INSPECTION MANUAL (INCLUDES 3-RING BINDER) | | 12.00 | |
| SMOG CHECK DIAGNOSTIC & REPAIR MANUAL (3-RING BINDER) | | 12.00 | |
| LAMP HANDBOOK | | 4.00 | |
| BRAKE HANDBOOK | | 4.00 | |
| WRITE IT RIGHT BOOKLET | | 1.00 | |
| AUTOBODY WRITE IT RIGHT BOOKLET | | 1.00 | |

CHECK OR MONEY ORDER FOR THE GRAND TOTAL OF:

Make check or money order payable to the Department of Consumer Affairs.

Prices include tax and shipping charges. Purchase orders will not be accepted.

Note: Please allow 15 working days for delivery. All exceptions must be reported within 60 days.

AUTHORIZED SIGNATURE _____